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WRITER'S CONTACT INFORMATION

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June 30, 2017

VIA ECFS

Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, SW Room TW-A325 Washington, DC 20554

Re: Form 481- Carrier Annual Reporting Data Collection Form

WC Docket No. 14-58

Brookings Municipal Utilities d/b/a Swiftel Communications (SAC 399009)

Dear Ms. Dortch:

Pursuant to Sections 54.313(i) and 54.422(c) of the Commission's Rules, Brookings Municipal Utilities d/b/a Swiftel Communications, by its attorney, hereby submits a copy of its FCC Form 481- Carrier Annual Reporting Data Collection Form, as filed with the Universal Service Administrative Company. A copy also will be filed with the appropriate state regulatory commission as required.

Respectfully submitted,

/s/ Mary J. Sisak

Its Attorney

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399009	
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A	SWIFTEL COMMUNICATIONS
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Laura Julius	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6056926325 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	ljulius@swiftel-bmu.com	
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

									July	/ 2013		
<010>	Study Area Co	ode				399009						
<015>	Study Area Na					BROOKINGS M	UNICIPAL UTILITIES	S D/B/A SWIFTEL (COMMUNICATIONS			
<020>	Program Year					2018						
<030>	Contact Name	e - Person USAC	should contac	t regarding this	data	Laura Juliu	s					
<035>	Contact Telep	hone Number	- Number of pe	erson identified	in data line <0	30> 6056926325	ext.					
<039>	Contact Emai	l Address - Ema	il Address of pe	erson identified	in data line <0	30> ljulius@swi	ftel-bmu.com					
<210>	For the prio	r calendar yea	ar ware there	any renortal	nle voice serv	ice outages?	No					
<220>	NORS Reference Number	 outage Start	<b2> Outage Start Time</b2>	<bs></bs> outage End Date	 outage End	<c1> Number of Customers Affected</c1>	<c2> Total Number of Customers</c2>	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>> Service Outage Description (Check all that apply)</e>	<f>Did This Outage Affect Multiple Study Areas (Yes / No)</f>	<g> Service Outage Resolution</g>	<h>>h> Preventative Procedures</h>

(300) Unfulfilled Service Request Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	399009	
<015> Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius	
<035> Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com	
<300> Unfulfilled service request (voice)	0	
<310> Detail on attempts (voice)		
<320> Unfulfilled service request (broadband)	e of Attached Document	
<330> Detail on attempts (broadband)	lame of Attached Document	

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should conta	act regarding this data Laura Julius
<035>	Contact Telephone Number - Number of p <030>	erson identified in data line 6056926325 ext.
<039>	Contact Email Address - Email Address of p <030>	Derson identified in data line ljulius@swiftel-bmu.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or or	telephony service in the prior Offered only mobile voice hyou are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	oice
<420>	Complaints per 1000 customers for mobile	voice 0.0
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or greather prior calendar year for each service are an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed b	roadband
<450>	Complaints per 1000 customers for mobile	e broadband

, ,	npliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010>	Study Area Code	399009				
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS				
<020>	Program Year	2018				
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius				
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com				
<500>	Certify compliance with applicable service quality standards and consumer pr	otection rules Yes				
		399009SD510 2016.pdf				
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance					
<515>	Certify compliance with applicable minimum service standards					

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	
-	•	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	399009SD610 2016.pdf

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	399009	
<015> Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNIC	ATIONS
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Laura Julius	
<035> Contact Telephone Number - Number of person identified in data	line <030> 6056926325 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> ljulius@swiftel-bmu.com	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					See at	tached worksheet			
					000 a	taonoa wontonoot			
			_						

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	99009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
_	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
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}									

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		399009
<015>	Study Area Name		BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year		2018
<030>	Contact Name - Person U	ISAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Numb	ber - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com
<810>	Reporting Carrier	Brookings Municipal Utilities D/B/A Swiftel	Communications
<811>	Holding Company	City of Brookings Telephone Fund	
<812>	Operating Company	N/A	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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•			
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(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <039> <900>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Does the filing entity offer tribal land services? (Y/N) Tribal Land(s) on which ETC Serves	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS 2018 Laura Julius 6056926325 ext. 1julius@swiftel-bmu.com
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:		Select Yes or No or Not Applicable
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;	
<923> <924> <925> <926> <927> <928> <929>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.	

		Page 1
(1000) V	pice and Broadband Service Rate Comparability	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com
<1000>	Voice services rate comparability certification Not	2 Applicable
<1010>	Attach detailed description for voice services rate	
1010	comparability compliance	
		Name of Attached Document
41.020 5	December of common bility and if and in	
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband	
	comparability compliance	
		Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code Study Area Name	399009 BROOKINGS MUNICIPAL UTILITIES	D/B/A GMINERY GOMMINICANIVON
<020>	Program Year	2018	D/B/A SWIFIEL COMMUNICATIONS
<030> <035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Laura Julius 6056926325 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	erms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP ht	tp://swiftel.net/wp-content/uploads/2017/04/Lifeline-2017-Application.pdf
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2005) Pi	Price Cap Carrier Additional Documentation FCC Form 481		
Data Col	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	399009	
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.	
<030>	Contact Email Address Email Address of person identified in data line <0.20	liulius@swiftel-bmu.com	<u>. </u>

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in		
	question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for		
	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect		
	America Phase I deployment obligations, accompanied by a list of		
	census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?	Trequired information	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for	Name of Attached Document Listing	
	year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		
-2010	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.			
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan			
(3009)	Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			Γ
(3010B)	Please Provide Attachment	Name of Attached Docum Information	nent Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	IIIOIIIatioii		
(3012B)	Please Provide Attachment	Name of Attached Docum Information	nent Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docum Information	nent Listing Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docum	nent Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com
		·

Financial Data Cummany	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> ljulius@swiftel-bmu.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/29/2017

Printed name of Authorized Officer: Steve Meyer

Title or position of Authorized Officer: Executive Vice President / General Manager

Telephone number of Authorized Officer: 6056926325 ext.

Study Area Code of Reporting Carrier: 399009 Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	399009
<015>	Study Area Name	BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>	6056926325 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ljulius@swiftel-bmu.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:	Name of Reporting Carrier:				
Name of Authorized Agent Firm:	Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:			
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Agent:					
Study Area Code of Reporting Carrier:	Filing Due Date for this fo	rm:			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		399009		
<015>	i> Study Area Name		BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS		
<020>	> Program Year		2018		
<030>	30> Contact Name - Person USAC should contact regarding this data		Laura Julius		
<035>	> Contact Telephone Number - Number of person identified in data line <030>		6056926325 ext.		
<039>	O39> Contact Email Address - Email Address of person identified in data line <030>		ljulius@swiftel-bmu.com		
·					
<701>	Residential Local Service Charge Effective Date	1/1/2017			
<702>	Single State-wide Residential Local Service Charge				

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge		Service Charge	Total per line Rates and Fees
SD			FR	39.99	0.0	0.0	0.0	39.99
SD			FR	49.99	0.0	0.0	0.0	49.99
SD			FR	59.99	0.0	0.0	0.0	59.99
SD			FR	69.99	0.0	0.0	0.0	69.99
SD			FR	89.99	0.0	0.0	0.0	89.99
SD			FR	99.99	0.0	0.0	0.0	99.99
SD			FR	110.0	0.0	0.0	0.0	110.0
SD			FR	129.99	0.0	0.0	0.0	129.99
SD			FR	149.99	0.0	0.0	0.0	149.99
SD			FR	169.99	0.0	0.0	0.0	169.99

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		399009
<015>	Study Area Name		BROOKINGS MUNICIPAL UTILITIES D/B/A SWIFTEL COMMUNICATIONS
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Laura Julius
<035>	Contact Telephone Number - Number of person identified in data line <030>		6056926325 ext.
<039>	> Contact Email Address - Email Address of person identified in data line <030>		ljulius@swiftel-bmu.com
<810>	Reporting Carrier	Brookings Municipal Utilities D/B/A Swiftel Communications	
<811>	Holding Company	City of Brookings Telephone Fund	
<812>	Operating Company	N/A	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	City of Brookings Municipal Telephone Department	391650	
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CERTIFICATION OF BROOKINGS MUNICIPAL UTILITES

DBA SWIFTEL COMMUNICATIONS

Reporting Period January 1 – December 31, 2016

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in

compliance with applicable service quality standards and consumer protection rules. Carrier

follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI

certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier

entered a management agreement with Sprint PCS for wireless customer billing services.

Regulatory & Consumer Resources can be found at http://www.sprint.com/legal/privacy.html

Carrier has also implemented an Identity Theft Prevention Program in accordance with the

federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 26, 2017.

/s/ Steve Meyer

Steve Meyer, Executive Vice President & General Manager

Brookings Municipal Utilities dba Swiftel Communications

CERTIFICATION OF CITY OF BROOKINGS MUNICIPAL UTILITIES

DBA SWIFTEL COMMUNICATIONS

Reporting Period January 1 – December 31, 2016

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to

function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain

functional in an emergency situation through the use of back-up power to ensure functionality

without an external power source. Carrier has four (4) hours of backup battery reserve in its

central office, supported by an on-site generator which enables it to provide service for a

reasonable period of time if external power is lost. Remote Base Transceiver Sites are provided

with battery backup and the ability to connect to a standby generator or a portable generator.

Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes

resulting from emergency situations. Carrier has redundancy in its network for use in re-

rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 26, 2017.

/s/ Steve Meyer

Steve Meyer, Executive Vice President & General Manager

Brookings Municipal Utilities dba Swiftel Communications